



Hospital Fiscal Report

State Form 49520 (R2 /7-02)

(Form approved by State Board of Accounts, 2000)

I. Identification of Organization

Hospital Name: FRANCISCAN--ST. ANTHONY HEALTH (CROWN POINT)

City of Hospital: Crown Point

Year Begin: 01/01/2012 (mm/dd/yyyy format)

Year End: 12/31/2012 (mm/dd/yyyy format)

Medicare Provider Number: 150126

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$259540970
Outpatient Patient Service Revenue	\$309115033
Total Gross Patient Service Revenue	\$568656003

2. Deductions From Revenue

Contractual Allowance	\$305601866
Other Deductions	\$17809912
Total Deductions	\$323411778

3. Total Operating Revenue

Net Patient Service Revenue	\$245244225
Other Operating Revenue	\$7083452
Total Operating Revenue	\$252327677

4. Operating Expenses

Salaries and Wages	\$81169896	Employee Benefits	\$27628082
Depreciation and Amortization	\$12567239	Interest Expense	\$4803295
Bad Debt	\$12614291	Other Expenses	\$100163184
Total Operating Expenses	\$238945987		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$13381690	Total Assets	\$244799736
Net Non-operating Gains over Loss	\$-57407	Total Liabilities	\$26215090
Total Net Gains	\$13324283		

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
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Medicare	\$246726345	\$166530626	\$80195719
Medicaid	\$50693624	\$28892125	\$21801499
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$271236034	\$0	\$271236034
Total	\$568656003	\$195422751	\$373233252

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$202521	\$14365	\$188156

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$63186	\$69897	\$-6711
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$45749	\$-45749

Number of Medical Professionals Trained	295
Number of Hospital Patients Educated	322656
Number of Citizens Exposed to Health Education Messages	8235

Statement Six: Charity Statement

Hospital Charity Charges	\$16054553
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$6116757	
HCI Payments	\$0		
Subtotal	\$0	\$6116757	\$-6116757
Medicaid Shortfalls	\$3556076	\$6183854	
Subtotal	\$3556076	\$12300611	\$-8744535
DSH Payments	\$0		
Subtotal	\$3556076	\$12300611	\$-8744535
Medicare Shortfalls	\$0	\$15686764	
Other Government Programs	\$0	\$725606	
Total	\$3556076	\$28712981	\$-25156905

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$6960143	\$9866818	\$-2906675
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$1319417	\$-1319417
Other Allocations	\$0	\$0	\$0